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ABSTRACT

The Director of Education at Polyclinic Hospital (Harrisburg, Pennsylvania) conducted two assessments which addressed competencies needed by clinical instructors in health occupations. Several areas of need emerged which clustered around teaching strategies, questioning and problem solving, learning styles, evaluation, decision-making, and conflict management. Following a series of initial planning meetings a team of 4 faculty members from the teacher education and counseling departments at Shippensburg University was assembled; they planned and delivered 12 workshops to address the weaknesses identified in the pre-assessments. Participants in the workshops were Polyclinic's trainers of critical care nurses. Guiding concepts for the development of the workshops included: (1) sessions were to be team taught; (2) participants were to be actively involved; (3) the number of participants was to be limited to 15-18; (4) pedagogical concepts and practices were made applicable to the medical setting; (5) the Myers-Briggs, Dunn's Learning Style Profile, and other self-assessment instruments were to be used as a unifying thread. Postevaluations of the sessions were statistically highly significant. Open-ended evaluation comments were positive. One unexpected outcome was the group cohesiveness which evolved. Attachments include: preassessment instruments and results; budget, titles, and selected bibliography. (33 references) (Author/IAH)

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SHIPPENSBURG UNIVERSITY/

POLYCLINIC MEDICAL CENTER

"TEACH THE TEACHER"

SEMINARS

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Paper Presented at

Eastern Educational Research Association

Annual Conference, March 3-8, 1992

Hilton Head, South Carolina

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NURSASAURUS

A warm-hearted, friendly individual willing
to assist others with most medical concerns;
a survivor of Shippensburg University/Polyclinic workshop

HABITAT: POLYCLINIC MEDICAL CENTER.

(T-shirt logo
designed by Janet Bates)

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Abstract

The Director of Education at Polyclinic Hospital conducted two assessments which addressed competencies needed by Health Occupations clinical instructors. Several areas of need emerged which clustered around a) Teaching strategies, b) Questioning and problem-solving, c) Learning styles research, d) Evaluation, e) Decision-making, and f) Conflict management. Following a series of initial planning meetings a team of four faculty members from the Teacher Education and Counseling Departments at Shippensburg University was identified. The team agreed to plan and deliver twelve workshops to address the weaknesses identified in the pre-assessments.

Guiding concepts for the development of the workshops included:

1. Sessions were to be team taught.
2. Participants were to be actively involved.
3. The number of participants was to be limited to 15-18.
4. Pedagogical concepts and practices were to be made applicable to the medical setting.
5. The Myers-Briggs, Dunn's Learning Style Profile and other self-assessment instruments were to be used as a unifying thread.

Post-evaluations of the sessions were highly statistically significant. Open-ended evaluation comments were positive. One unexpected outcome was the group cohesiveness which evolved. The nurses who were involved in the project relished the opportunity to interact with their peers, to share common problems and solutions, and to develop a supportive network.

Due to the relatively large turnover of the Polyclinic nursing staff (of approximately 2000) there appears to be a continuing need for the sessions. A repeat series will occur in the Fall of 1991.

Rationale for Initiating Project

In June of 1990, the Director of Education at Polyclinic Hospital in Harrisburg Pennsylvania, Dr. Howard Robertson, initiated a contact with Shippensburg University concerning a possible partnership in which faculty from the university would plan and deliver a series of seminars/workshops for Polyclinic's trainers of critical care nurses. The Dean of the College of Education and Human Services, Dr. Robert Bartos, appointed a three-person team to meet with Dr. Robertson and explore the possibilities of such a partnership.

At the initial meeting, Dr. Robertson indicated that the clinical specialists who serve as trainers were "experts in their fields", but that the background in pedagogy (or, more appropriately, andragogy) was, for many, lacking. Observations of various teaching styles revealed an over-reliance on the lecture/expository/didactic methods of teaching. Trainers felt, and expressed, the need for an expansion of teaching

repertoires. Other needs clustered around the areas of effective communication and conflict resolution. Two types of audiences were in evidence: new instructors needing an orientation to their new teaching responsibilities, and experienced nurse educators needing an opportunity to update and refine their teaching skills.

Program planning and implementation.

Dr. Robertson briefly summarized the results of two pre-assessments (Attachments I.B. and I.D.) which he had administered to Polyclinic trainers which yielded more specific information. A desire for a Fall 1990 startup was expressed as well as a suggested format of four-hour sessions to be held during the morning hours. Polyclinic would keep classes at a twenty student maximum, hoping for a 10-15 student range.

Following the initial meeting, the S.U. exploration team identified six broad areas where Shippensburg University might assist Polyclinic with its staff development efforts:

1. Diagnostic Testing
2. Questioning and Problem-Solving
3. Utilizing Learning Styles Research
4. Evaluation (Identification and use of appropriate instruments)
5. Decision-making
6. Conflict Management

Further, it was determined that these needs would be served most successfully by a team approach with members from both the teacher education and counselor departments. For ease of administration, it was suggested that the team be considered as a consultant group, independent of the University financial scheme.

A newly identified S.U. team composed of Dr. Audrey Sprenger, Dr. Peggy Hockersmith, Dr. Randall Pellow (teacher education) and Dr. Sue Stickel (counseling) met with an expanded Polyclinic team (Rhoda Little, Assistant Administrator, and Linda Stowe, Director of Continuing Education) on October 2, 1990. A review of the perceived match between Polyclinic's perceived needs and the ability of the identified team from S.U. to meet those needs took place as well as a tour of the site and facilities.

Polyclinic has approximately 2000 nurses on its staff. According to recent estimates, two to three hundred of these are replaced each year. Thus in order for the high standards of hospital operations to remain constant, a considerable amount of staff development training must be conducted. Therefore, should the S.U. sessions be well-received, it appeared that the potential for continuing the series on an "as-needed" basis was evident.

The S.U. team agreed to submit a proposal to include a proposed budget (Attachment II.A.) and a "rough outline" of twelve seminar/workshop-type sessions. However, due to planning time involved, it was agreed that sessions could not begin until Spring, 1992.

Broad Goals

For clinical instructors to improve their teaching skills through:

deepened understanding of their own teaching and learning styles,

increased ability to assess students' learning styles,

broader knowledge of effective lesson planning,

incorporation of a wider range of teaching strategies,

development of more effective communication skills,

improved tactics for conflict resolution, and

greater ability to devise, select, and interpret appropriate evaluation instruments.

Guiding Principles

The team determined a series of principles which were to undergird the planning and implementation of the sessions.

First, all members were committed to the concept of team teaching. The four Shippensburg University faculty members had worked together previously on a variety of projects and believed that teaching styles and personalities were complementary. An atmosphere of relaxed collegiality existed and it was felt that team teaching would help to establish that same type of positive, supportive atmosphere for the sessions. The advantages of shared responsibility for both planning and facilitating the sessions were deciding factors. Additionally, the four-hour long seminars would, in the opinion of the team, be greatly enhanced by having two presenters who would interact and intersperse comments

throughout the half-day session. The team believed that a team-teaching approach would increase the motivation and involvement of the participants.

Secondly, as planning for each session proceeded, active participation by class members was to be kept a high priority. Strategies were to include role playing, simulations, discussions, and a variety of small group activities. Modeling of the teaching strategies being taught was held to be essential.

The Director of Education at Polyclinic made a decision to keep the size of the group to within a 15-18 member range. This commitment, coupled with the team teaching commitment made by the university team, would keep the student-teacher ratio to an ideal 9:1 (a situation rarely encountered in the typical university setting!)

A fourth principle dealt with the applicability of andragogical concepts to the medical setting. From the beginning it was understood that the team lacked knowledge of the highly technical content and an empathetic understanding of the depth of daily stresses of the medical professions. However, every attempt was to be made to make these teaching and conflict management concepts applicable. This area posed the greatest challenge to the S.U. team. (However, as the sessions progressed, it became apparent that the clinical instructors who were participants in the sessions could readily make the applications--much to the relief of the team.) And while preassessments did not measure the need for an understanding of adult learners, the team decided (with agreement from the Director at Polyclinic) that a discussion of the topic would be included in the first, introductory session.

Finally, self-assessments of teaching and learning styles (Myers-Briggs, Gregorc Style Delineator, Left/Right Hemispheric Processing) were to be completed and analyzed from the onset. These assessments would serve as unifying threads throughout the twelve seminar/workshop sessions.

Curriculum

The following brief outline of proposed session contents was submitted:

SESSION ONE
Introductions/Expectations/Assessments

I. Overview of Workshops
   A. Introductions
   B. Get Acquainted Activities
   C. Expectations - Ours and Yours

II. Characteristics of Adult Learners
   A. Unique problems/characteristics/"baggage barriers"
   B. Motivations for learning
   C. Review of adults learning literature

III. Assessments
   A. Myers Briggs
   B. Learning Preference Inventory

SESSION TWO
Assessing Students' Learning Styles

I. MBTI for Instructional Purposes

II. Visual/Auditory/Kinesthetic Learner (VAKT)

III. Right/Left Brain Hemisphere Learning

SESSION THREE
Assessing Students' Learning Styles Continued

I. Applications of Right/Left Brain Hemisphere Learning

II. Gregorc Style Delineator

III. Hartman Personality Profile

IV. Dunn Adult Learning Style Inventory

SESSION FOUR
Planning

I. Planning for Successful Instruction
   - A. Performance Objectives
   - B. Curriculum Alignment

II. Sequencing Instruction
   - A. Organizing Lessons - Various models
   - B. Task Analysis
   - C. Concept Analysis
   - D. Ausubel's Advance Organizer
   - E. Diagnostic-Prescriptive Model

III. Levels of Instruction
   - A. Bloom's Taxonomies
   - B. The Domains of Learning

IV. Preparing to Teach
   - A. Kaplan Matrix
   - B. Direct Instruction

SESSIONS FIVE AND SIX
Teaching Methods-Strategies/Techniques

I. Lectures-Demonstrations

II. Mastery Learning

III. Case Studies

IV. Inductive Inquiry

V. Discovery Learning

VI. Small Group Strategies
   - A. Role Playing
   - B. Simulations
   - C. Brainstorming-Buzz Groups
   - D. Problem-Solving

VI. Microteaching

VII. Reflective Journals

SESSIONS SEVEN AND EIGHT
The Use of Questioning and Problem-Solving Strategies

I. Purposes of Questioning
   A. Questions for Teaching and Instruction and
   B. Questions for Assessing Knowledge

II. Divergent Versus Convergent Thinking

III. Cognitive Versus Affective Taxonomies

IV. Strategies Which Improve Quality of Questioning Skills and Levels of Students' Responses
   A. Interaction Analysis
   B. Higher Level Questions are not "Trick" Questions
   C. Diagnostic Attunement

V. Strategies for Enhancing Problem-Solving Skills
   A. Models/Paradigms for Problem-Solving
   B. "Let's Do Some Problem Solving"

SESSIONS NINE
Communication and Conflict Management

I. Barriers to Communication
   A. Twelve Roadblocks to Communication ("Dirty Dozen")
   B. Who Owns the Problem?

II. Basic Components of Communication
   A. Diagram of Sender-Receiver Process
   B. Active Listening
      1. Focusing
      2. Clarifying
      3. Accepting

III. Understanding Personal Style - MBTI Approach
   A. Thinking/Feeling Styles
   B. Sensing/Intuitive Types
   C. Talking in Type

IV. Simulated Exercises
   A. Role Plays
   B. Group Interaction

SESSION TEN
CONFLICT MANAGEMENT

I. Conflict Resolution
   A. Sources of Conflict - Relationships vs. Problem
   B. Conflicts of Needs
   C. Conflicts of Values
   D. Problem Solving Procedures
      1. Analysis
      2. Procedures

II. Simulated Exercises
   A. Using Type Theory
   B. Group Role Plays and Simulations

SESSION ELEVEN
The Use of Appropriate Evaluation Instruments

I. The Role and Importance of Evaluation in the Clinical Setting

II. Correlating Evaluation with Performance Objectives, Planning and Teaching

III. Differentiating Between Norm-Referenced and Criterion-Referenced Tests as They Relate to Major Categories of Tests - Diagnostic, Achievement, Behavior/Personality, Aptitude

IV. Written Exams Versus Portfolios (Observational Instruments)

V. Principles of Test Item Construction
   A. Objective Test Formats
   B. Essay Test Formats

VI. Reliability and Validity of Various Types of Evaluation Instruments Specific to Health Occupations

SESSION TWELVE
Clinical Supervision

I. Clinical Supervision - Models and Experiences (Guest Lecturer from Johns Hopkins)

II. Evaluation of Sessions

The above outline served as a curriculum guide as the seminars were implemented. While some changes were made due to time constraints and feedback from participants, the proposed outline was "fleshed out" and implemented. A wide variety of handouts from many sources (see bibliography) was utilized as reading material and supplementary content for the participants.

Participants

Sixteen Polyclinic Medical Center personnel participated in the first seminar sessions. Dr. Howard Robertson, Director of Education at Polyclinic and Ms. Rhoda Little, Nurse Administrator, also participated. A team of four from Shippensburg University provided the instruction. For the two sessions on learning styles, Ms. Joyce Mumford, a former graduate student from S.U. also instructed.

All of the participants had previous teaching experience and had been in the nursing field from 4 to 21 years. Their teaching assignments encompassed a wide range of ages and types of learners. They presented information to children, teens, adults, lay public, and professionals. The nurse educators were expected to provide in-service training for new staff, teach undergraduate and graduate students, and educate patients (See Attachment I.E.).

Although the nurse educators had a combined 178+ years total in nursing, only a few had received any pedagogical training. They knew their content well, but according to the comments received during the first session (Attachments I.E., and I.E.), they were encountering a wide variety of problems in working with some of their students. Problems dealt with motivation, evaluation and teaching strategies. Many expressed a desire to enhance their teaching skills so they could provide more diversity in the classroom through assessing learner's needs and developing techniques in a variety of ways. They wanted time to reflect on what they were doing in their classes and to discuss possibilities for adding to their repertoire of theories, practices, knowledge, and values so that instruction would be enhanced.

Evaluation

A self-evaluation form was created (see Attachment III.A.) which assessed the participants' perceived change in awareness of each seminar topic. A before and after rating was given for each topic. Three open-ended questions were designed to give the team directions for future seminars at Polyclinic (i.e. "Which sessions/topics were of special interest/help to you?", "Which could be deleted?", "...other comments which...would help us in planning for future workshops of this nature."

A statistical analysis yielded mean gain and t-test values. (See Attachment III.B.) Results of the analysis showed highly significant scores (.001) for all but nine of the forty-three identified topics. Of these nine, seven more showed significance at the .01 level, and the remaining two at .02 and .04 levels.

Participants felt that the evaluation might have been more accurate if an evaluation had been conducted following each session rather than waiting until the end. It is recognized that these scores represent self-assessments and perceived changes in awareness. The team was, nonetheless, extremely gratified at the positive nature of the assessment. Further, the compilation of comments showed a similar, positive result. (See Attachment III.C.) The following samples indicate the nature of many responses:

> "This entire course was excellent, not only from an educational point but from a collegial perspective. It was also refreshing to interact with professionals in another field with some mutual goals/objectives.

I had little or no awareness of the majority of materials presented/discussed. I realize that only the surface of many of the topics was scratched. The handouts and bibliography have been helpful."

"I have already used some of the strategies I learned and as I develop other courses I know I will be using this material. It's amazing how much we covered in twelve weeks. I highly recommend this course."

....I have learned a lot about myself as a person and as an educator."

...The course was a delight. I only wish it could have been longer."

Impact and Implications

Based on the post assessment of the seminars, these nurse educators developed a greater understanding of pedagogical skills and an appreciation for the different ways people learn. An unexpected beneficial outcome was the collegiality that developed with the participants. These participants had not worked together and did not know each other prior to the seminars. However, they began networking with each other and helping each other solve problems. They looked forward to each session and (as indicated in the comments above) were sorry when the twelve seminars ended. They practiced their new skills and shared insights with each other as the seminars progressed.

Recently (February, 1992) the initial group of participants met with the S.U. team to discuss ways they have utilized the seminar information in their classes. Some stated that they had totally revised classes. They more actively involve their

students, assess student learning more realistically, and appreciate students' comments and skills. Many expressed renewed excitement regarding their role as nurse educator. The S.U. team videotaped several of these follow-up interview and plan to use the videos in other Polyclinic sessions. A transcript of the interviews will also be available.

Future research should explore how nurse educators interpret, give meaning to, and make decisions about, their teaching experiences. Nurse educators need opportunities to meet together to bring new meaning to information provided by research or outside experts. Seminars of this type might prove to be helpful in releasing the high degree of stress these educators face daily.

As with any teaching/learning situation, the team of instructors benefitted as much or more from this unique teaching experience. The team had the challenge of providing the pedagogical knowledge in an area where little content knowledge existed. All members of the team enhanced their knowledge base and pedagogical skills. A major benefit to the university instructors was the opportunity to work with highly motivated, dedicated professionals from a different field. The team became co-learners and all benefitted from the experience.

SHIPPENSBURG UNIVERSITY SEMINARS
FOR POLYCLINIC'S TRAINERS OF CRITICAL CARE NURSES

Attachments

I. PREASSESSMENT INSTRUMENTS AND RESULTS

A. Clinical Instructor Self-Assessment Instrument

B. Clinical Instructor Self-Assessment Scores - Fall 1990

C. Clinical Instruction Assessment

D. Clinical Test Results - Fall 1990

E. Data Sheet (Background Information)

F. Compilation of Nurse-Trainers' Responses - Spring 1991

II. SEMINARS

A. Proposed Budget

B. Shippensburg University Seminars for Polyclinic Hospital (session titles)

C. Agendas for Sessions 1-12

III. POSTASSESSMENT INSTRUMENTS AND RESULTS

A. Evaluation Form

B. Statistical Analysis - Spring 1991 Sessions

C. Compilation of Evaluation Comments - Spring 1991 Sessions

IV. BIBLIOGRAPHY

CLINICAL INSTRUCTOR SELF-ASSESSMENT INSTRUMENT

NAME _____ DATE _____

CLINICAL SITE(S) _____

Directions: This instrument includes a list of competencies needed by Health Occupations clinical instructors. For each competency listed, assess your present level of experience, gained from work, courses, workshops, etc., according to the following scale:

1 - Minimal to low level of experience
2 - Medium level of experience
3 - High level of experience

Place the number of your choice in the blank provided in the right column.

COMPETENCY	LEVEL OF EXPERIENCE (1, 2, or 3)
I. Introductory	
A. CHARACTERISTICS AND ROLES OF THE CLINICAL INSTRUCTOR	
1. Identify the desirable characteristics needed by clinical instructors.	____
2. Identify the roles that are exercised by clinical instructors in the clinical setting.	____
II. Clinical Teaching Skills	
B. ASSESSING STUDENTS' LEARNING STYLES	
1. Differential between learning style preferences and learning style strengths.	____
2. Explain the implications of learning styles facts and principles on clinical education.	____
3. Explain Dunn's learning elements as they apply to the clinical setting.	____
4. Given a completed instrument or test for assessing learning style, assess a student's learning style.	____
5. Given a case study describing the observations made of a student's learning style, assess the student's learning style.	____
C. DEVELOPING MEASURABLE PERFORMANCE OBJECTIVES	
1. Given a list of measurable performance objectives, identify the three major components of each objective.	____
2. Identify the characteristics of measurable performance objectives.	____

COMPETENCY

LEVEL OF EXPERIENCE (1, 2, or 3)

3. Given a list of measurable performance objectives, categorize each as being cognitive, psychomotor, or affective. ____
4. Given a list of cognitive objectives, identify the appropriate level of each objective. ____
5. Revise a list of performance objectives so that they possess the necessary characteristics and components. ____
6. Write a list of measurable performance objectives for a unit of clinical instruction. ____

D. PLANNING TEACHING METHODS

1. Explain the purposes, uses, and format of the teacher exposition method in clinical education. ____
2. Explain the purposes, uses, and format of the demonstration-performance method in clinical education. ____
3. Explain the purposes, uses, and format of the discussion method in clinical education. ____
4. Given a teaching situation, identify several ways to create student involvement in learning through set induction, stimulus variation, and closure. ____
5. Given a teaching situation, select the appropriate and effective teaching method for the situation. ____

E. INCORPORATING CREATIVE TEACHING TECHNIQUES

1. Compare the various components of the teaching techniques of conference, seminar, buzz group, and brainstorming. ____
2. Compare the various components of the following teaching techniques: case analysis, case incident study, and role play. ____
3. Discuss the various components of the teaching techniques of simulation and peer teaching. ____
4. Discuss the various components of the teaching techniques of tour, journals, and self-directed learning. ____
5. Given a teaching situation, select the appropriate and effective teaching technique for the situation. ____

COMPETENCY — LEVEL OF EXPERIENCE (1, 2, or 3)

F. THE USE OF QUESTIONING AND PROBLEM-SOLVING STRATEGIES
1. Discuss the use of questioning as an effective teaching strategy in the clinical setting. ____
2. Classify questions according to cognitive level. ____
3. Examine the use of affective questions in the clinical setting. ____
4. Identify strategies that improve the quality of the instructor's questioning skills and the students' responses. ____
5. Analyze techniques that help students develop problem-solving skills in the clinical setting. ____

III. Clinical Supervision Skills
G. MANAGING THE CLINICAL ENVIRONMENT
1. Describe the specific duties involved in managing the physical aspects of the clinical environment. ____
2. Explain the processes involved in managing student experiences in the clinical environment. ____

H. COMMUNICATION & CONFLICT MANAGEMENT
1. Identify the basic components of communication and factors that affect communication effectiveness. ____
2. Given a series of situations, identify the barriers to communication. ____
3. Identify ways to improve your communication skills. ____
4. Given incidents involving conflict, classify the potential source of conflict. ____
5. Given a series of situations, recommend methods to resolve the conflict. ____

IV. Clinical Evaluation
I. THEORY AND PRACTICE IN HEALTH OCCUPATIONS
1. Discuss the role of evaluation as it relates to the total clinical education process. ____
2. Distinguish between various terms used to describe evaluation. ____
3. Examine your clinical site to determine existing problems related to clinical evaluation. ____
4. Review the legal considerations involved in evaluating students in the clinical setting. ____
5. Given a series of situations, indicate which evaluation technique you would utilize. ____

COMPETENCY	LEVEL OF EXPERIENCE (1, 2, or 3)
J. THE USE OF APPROPRIATE EVALUATION INSTRUMENTS	
1. Compare the format and use of different written examination instruments used to assess knowledge in the clinical setting.	____
2. Compare the format and usage of various types of observational instruments used to assess performance and affect.	____
3. Given a sample instrument, critique the instrument for correct format and construction.	____
4. Given a clinical situation, select the appropriate instrument to assess the particular situation.	

CLINICAL INSTRUCTOR SELF-ASSESSMENT SCORES

COMPETENCY	RESPONSES 1	2	3
I. Introductory			
A. Characteristics & Roles of the Clinical Instructor			
1.	1	15	10
2.	1	15	10
II. Clinical Teaching Skills			
E. Assessing Student's Learning Styles			
1.	8	15	3
2.	13	9	4
3.	21	4	1
4.	13	10	3
5.	12	11	3
C. Developing Measurable Performance Objectives			
1.	4	13	9
2.	3	13	10
3.	2	15	9
4.	10	14	2
5.	2	15	19
6.	0	12	14
D. Planning & Teaching Methods			
1.	10	10	6
2.	6	13	7
3.	6	14	6
4.	9	10	7
5.	4	14	8
E. Incorporating Creative Teaching Techniques			
1.	6	15	5
2.	7	12	2
3.	11	11	4
4.	11	10	5
5.	6	15	3
F. The Use of Questioning and Problem-Solving Strategies			
1.	6	12	8
2.	13	9	4
3.	13	8	5
4.	13	10	3
5.	11	11	4

COMPETENCY	RESPONSES 1	2	3
III. Clinical Supervision Skills			
G. Managing the Clinical Environment			
1.	5	11	10
2.	8	9	9
H. Communication & Conflict Management			
1.	2	15	9
2.	0	17	9
3.	3	15	8
4.	5	14	7
5.	1	17	8
IV. Clinical Evaluation			
I. Theory & Practice in Health Occupations			
1.	6	11	9
2.	13	7	6
3.	6	15	5
4.	11	10	5
5.	10	10	6
J. The Use of Appropriate Evaluation Instruments			
1.	11	14	1
2.	10	13	3
3.	12	11	3
4.	10	13	3

CLINICAL INSTRUCTION ASSESSMENT

Multiple Choice: Answer each of the following by placing the letter corresponding to your choice in the blank provided.

_____ 1. Which of the following does not define evaluation?

a. Determining changes in behavior
b. Determining achievement of instructional objectives
c. Collecting information and judgments to aid in program improvement
d. Planning for instruction

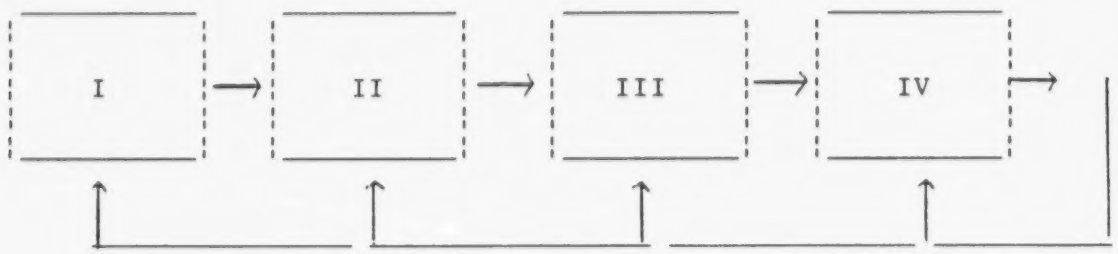
_____ 2. Clinical instructors primarily focus on _____ evaluation.

a. Classroom
b. Student
c. Program
d. Patient

_____ 3. Which type of evaluation is used to make decisions concerning the curriculum?

a. Patient
b. Student
c. Classroom
d. Program

Question 4-6 pertain to the following diagram of the teaching-learning process.



Feedback Loop

_____ 4. What is represented by #II?
a. Clinical instruction
b. Behavioral objectives
c. Clinical evaluation
d. Entering behaviors

Adapted from: Shea, M. L., Boyum, P. G., & Spanke, M. M. (1985). Health Occupations Clinical Teacher Education Series for Secondary and Post-Secondary Educators. (Illinois State Board of Education).

_____ 5. What is represented by #IV?

a. Clinical instruction
b. Behavioral objectives
c. Clinical evaluation
d. Entering behaviors

_____ 6. The feedback loop is correlated with:

a. Student responses
b. Program evaluation
c. Teacher evaluation
d. Negative feedback

_____ 7. Clinical evaluation may be used to:

a. Discover learning difficulties
b. Provide reinforcement of learning
c. Determine the degree of progress
d. All of the above

_____ 8. A process to quantify the extent of student achievement defines:

a. Testing
b. Evaluation
c. Measurement
d. None of the above

_____ 9. Which of the following does <u>not</u> describe summative evaluation?

a. Conducted at the end of the learning time
b. Determination of overall effect of instruction
c. Assessment of learner's end behavior
d. Used to identify additional learning required

_____ 10. An example of product evaluation is evaluation of:

a. Instructional objectives
b. A patient-care plan
c. A student's performance
d. None of the above

_____ 11. Which of the following are potential problems in clinical evaluation?

a. Subjectivity of the evaluators
b. High number of students for each instructor
c. Both <u>a</u> and <u>b</u>
d. Neither <u>a</u> nor <u>b</u>

_____ 12. Which group(s) should have input into the clinical evaluation process?

a. Faculty
b. Students
c. Program coordinators
d. All of the above

_____ 13. Attempts should be made to minimize problems with clinical evaluation by:

a. Dismissing all students with unusual personalities
b. Comparing students with each other
c. Basing evaluations on clear, measurable objectives
d. Minimizing the use of formative evaluation

_____ 14. The Buckley Amendment gives students the right to:

a. Inspect their records
b. Change records they feel are incorrect
c. Display misconduct
d. Miss clinical assignments

_____ 15. Which of the following are included in a student's right to due process?

a. Right to a hearing
b. Free legal advice
c. Notification of grounds for discipline
d. Inspection of records

_____ 16. Most clinical evaluation is done by the process of:

a. Simulation
b. Observation
c. Critical incident technique
d. Paper and pencil tests

_____ 17. The most useful evaluation method for assessing knowledge is:

a. Anecdotal records
b. Paper and pencil tests
c. Observation
d. Self-evaluation

_____ 18. Computer simulations are most useful for assessing:

a. Knowledge
b. Attitudes
c. Skills
d. Values

_____ 19. Which of the following should <u>not</u> be used as a primary summative evaluation technique:
a. Observation
b. Simulation
c. Paper and pencil test
d. Self-evaluation

_____ 20. Which evaluation technique is a useful substitute for a lack of real-life clinical situations?
a. Paper and pencil test
b. Self-evaluation
c. Simulation
d. Peer evaluation

<u>Matching</u>: Match the Teaching Techniques on the left with the right. Place the letter of the definition on the line next to the corresponding teaching technique:

<u>Teaching Techniques</u>	<u>Definitions</u>
21. ____ Seminar	A. Used to divide large groups into smaller groups for discussion of a particular topic
22. ____ Buzz Groups	B. A group analysis of a case history for the purpose of developing skill in reflective thinking
23. ____ Case Analysis	C. A technique in which a group of students, engaging in research and advanced study, meet under general direction of a leader for a discussion of problems
24. ____ Role-Play	D. The instruction of students, conducted by a student who is proficient in the procedure to be instructed
25. ____ Simulation	E. The use of resources developed by others, but pursued at the time, place, and pace of the learner
26. ____ Peer Teaching	F. A "free-wheeling" of ideas or solutions to a problem
27. ____ Brainstorming	G. A spontaneous acting out of problems or situations to gain insight by placing oneself in the position of another
28. ____ Self-Directed	H. A representation of a real event in a reduced and compressed form that is dynamic, safe and efficient

For items 29-35, select the method of conflict resolution by placing the letter of your choice in the blank provided.

A. Compromising
B. Accommodating
C. Avoiding
D. Collaborating
E. Competing

29. _____ Most assertive and least cooperative
30. _____ Useful when a middle ground is needed
31. _____ Used when a quick, unpopular decision needs to be made
32. _____ Both parties lose
33. _____ Useful when you know there is no chance to resolve the conflict
34. _____ Giving in to meet the needs of the other person
35. _____ Most time consuming

Matching: Match the instrument format on the left with the descriptions and uses on the right. Place the letter of the description or use on the line next to the corresponding format. All descriptions are to be used only once.

36. ____ True/False
37. ____ Multiple-Choice
38. ____ Matching of Items
39. ____ Short-Answer
40. ____ Essay Question
41. ____ Checklist
42. ____ Rating Scale
43. ____ Anecdotal Records
44. ____ Critical Incident Report

A. May be sentence completion, fill-in-the-blank, or free response
B. The observer notes if the student behavior is present or absent
C. All levels of the cognitive domain can be assessed through this item, but it is a difficult item to construct
D. The facts and interpretations of the behavior are reported separately
E. Easy to construct and provides total objectivity in scoring
F. Made up of "premises" & "responses"
G. Follows the "ABC Rule"
H. The observer assesses the quality of the student's behavior numerically, graphically, or descriptively.
I. Gives students a chance to voice their opinion about a topic

Multiple Choice: Circle the letter of the appropriate response

45. Which of the following verbs does not describe a measurable performance?

    a. Assist
    b. Identify
    c. Know
    d. Contrast

46. Which of the following statements is a characteristic of measurable performance objectives?

    a. Describes teacher duties rather than student behavior
    b. Describes learning process and learning outcome
    c. Contains one action verb
    d. Must contain all three components

47. The following is a list of cognitive objectives of different levels:

    Given appropriate references and equipment specifications, the student will:

    1. Determine oxygen flow rates for 10 different concentrations of oxygen
    2. Review oxygen flow rates for various pathologic conditions
    3. Prepare a chart of oxygen therapy flow rates that is adaptable for use in a patient unit
    4. State oxygen therapy rates for normal patients

Which of the following is the proper sequence of these objectives, from lowest to highest level?

a. 3, 1, 2, 4

b. 2, 1, 3, 4

c. 1, 2, 3, 4

d. 4, 2, 1, 3

Classify the level of each question below by placing the appropriate letter in the space provided.

a.	Knowledge	d.	Analysis
b.	Comprehension	e.	Synthesis
c.	Application	f.	Evaluation

48. _____ How would you rate the quality of your work?

49. _____ What are 4 signs of diabetes?

50. _____ What would you recommend to improve the fire plan on this floor?

51. _____ How could you use this theory with a real patient?

Multiple Choice: Circle the letter of the best response

52. The way in which students learn best is their . . .
    a. Learning style preference
    b. Learning style strength
    c. Learning style habit
    d. Teaching style preference

53. A student's learning style . . .
    a. Should always be matched with the instructor's teaching style
    b. Can be changed
    c. Does not change with age
    d. Is the same as all the other students' learning styles in the class

54. Which of the following are uses for the teacher exposition method?
    a. To practice motor skills
    b. To check for student comprehension and understanding of material
    c. To present new material
    d. Choices b and c only
    e. All of the above

55. The demonstration-performance method may be used to practice which of the following skills?
    a. Motor
    b. Observation
    c. Communication
    d. Choices a and b only
    e. All of the above

56. The product goal for discussion is the
    a. Objective or purpose of the discussion
    b. Level of thinking to be achieved
    c. Mode of interaction to be used
    d. Choices b and c only
    e. All of the above

CLINICAL TEST RESULTS

Question #1	Incorrect Responses	Question #	Incorrect Responses
1	6	29	2
2	1	30	4
3	5	31	23
4	19	32	21
5	0	33	17
6	18	34	6
7	0	35	5
8	16	36	12
9	12	37	15
10	19	38	17
11	1	39	3
12	0	40	10
13	0	41	5
14	0	42	5
15	16	43	16
16	1	44	19
17	6	45	11
18	9	46	12
19	16	47	3
20	0	48	5
21	6	49	1
22	4	50	24
23	1	51	8
24	3	52	15
25	3	53	14
26	1	54	16
27	0	55	13
28	2	56	16

DATA SHEET
(BACKGROUND INFORMATION)

Your Name _____

Position _____

Number of years in nursing _____

Have you had teaching experience? _____

If yes

a. Describe _____

_____

_____

_____

_____

b. What strategies have worked well for you?

_____

_____

_____

_____

c. What problems have you encountered?

_____

_____

_____

If no

a. What concerns do you have about teacning?

_____

_____

_____

b. What skills do you possess that you believe will contribute to your success as a teacher?

_____

_____

_____

What are your expectations for these sessions? _____

_____

_____

_____

SHIPPENSBURG UNIVERSITY SEMINARS
FOR POLYCLINIC'S TRAINERS OF CRITICAL CARE NURSES
Compilation of Nurse-Trainers' Responses
Spring 1991

NUMBER OF YEARS IN NURSING:

*178+ years total

11
14
14
20

5
12
20
15
21
15

7
6
4+
14

HAVE YOU HAD TEACHING EXPERIENCE?

*100% answered 'yes'.

DESCRIBE:

*undergraduate BSN students (psychiatric and critical care nursing)

*formal obstetrical course for R.N.s

*public prenatal classes

*CPR instructor trainer

*in-service education

*course lectures

*speaker for parents/women's groups

*work with children, teens, adults, lay public, professionals

*pediatric/neonatal intensive care for the pediatric staff development

*teaching new staff in NICV

*inservice (formal/informal)

*EKG courses

*clinical experience as RN

*staff instructor

*hospital courses

*workshops

*staff education

*chemotherapy certification course

*oncology core course

*patient/family education (cancer diagnosis/treatment)

*workshops, new employees

*perioperative nursing course

*surgical assistant

*preceptor cardiovascular procedures, orthopedic and neurosurgery

*informal clinical teaching

*ed. coordinating PMC

*orientation of new staff members

*continuing education inservices for R.N.s/LPNs

*lectures for nursing assistants course and medical-surgical internship program

*emergency nursing

*how to use equipment

*drug update

*new policy procedures

*CPR and ACLS classes

*orientation of nurses, unit secretaries, and nurse assistants

WHAT STRATEGIES HAVE WORKED WELL FOR YOU?

*formal lecture

*group discussion/interaction

*audio-visuals

*outlines

*handouts

*informal atmosphere

*small group sessions

*objectives/outlines with space for note taking

*demonstrations

*case studies

*ice breakers

*humor

*needs/wants analysis

*role playing

*open discussion

*assess student's basic understanding/level

*be prepared/organized

*learn about past experiences of students

*simplify complex technical material

*group needs assessments

*organization of content

*hands on experiences

*question audience during lecture

*problem solving strategy

WHAT PROBLEMS HAVE YOU ENCOUNTERED?

*evaluation

*writing reliable/valid test questions

*planning large scale courses while ensuring the same level of excellence in smaller scale classes

*developing worthwhile evaluation mechanisms

*tend to speak rapidly

*different individual expectations

*not being able to determine the depth of learners' understanding of what I have tried to teach

*nurses who have been in the profession longer than I have been have trouble receiving information from me

*geographical environment of this institution

*the "busy staff nurse"

*adults who don't care to learn

*drawing participants into discussion

*lessening the 'threat' of participation

*presentation of complex material that I understand well but have difficulty communicating

*lack of interest of students

*conflict resolutions between preceptors and new RN/GNs

*appearing confident during 'pressure' situations

*students expecting to be 'spoon fed' information

*students expecting 'good grades' regardless of level of performance

*formulation of test questions and means of scoring

*group motivation

*unmotivated audience

*addressing an audience with different levels of understanding/objectives

*resistance to change

*staying on task

*motivated personnel during orientation which seems to die off when on the job

*to get personnel to take responsibility

*not enough time to prepare for courses with regular work load

*assessing the needs of the learner

*conflict management in the classroom

WHAT ARE YOUR EXPECTATIONS FOR THESE SESSIONS?

*take my innate abilities and enhance/empower me to be a better teacher

*I'm very much looking forward to being enlightened on proven/successful methods for teaching adults

*formalized course/information on education/instruction

*personal expectation to help me to decide if I'm more interested in education or clinical areas for future education

*learn new strategies for providing education to and becoming a more effective teacher

*to be able to assess learner's needs and develop techniques for teaching in various ways

*to gain some formal knowledge from the experts in regards to improving instructional skills

*help in refining my presentation skills using a variety of techniques

*to improve my basics and learn about things I can do to become a better teacher

*to develop skills and knowledge to help me become more effective in communicating, designing and presenting educational programs

*how to 'lighten'up the atmosphere during sessions

*to gain some insights into what I can do to improve my clinical/classroom teaching

*to gain a better understanding of evaluation methods

*to learn better methods of evaluation

*learn theory/application of the change process

*learn about conflict management

*learn how to motivate people, deal with conflict, and become knowledgeable about different learning strategies

SECRET WISHES

*win large jack pot lottery

*play in a jazz band

*be a teacher

*to sing in key

*be a beach bum in Hawaii and own a surfboard business

*travel for 6 months/year

*fly a plane

*be a clinical psychologist

*be a soap opera actress

*learn another language

*become a skier

PROPOSED BUDGET FOR POLYCLINIC PROGRAM DEVELOPMENT

Consultants' Fees 12 sessions with 4 consultants	$5,000.00
Guest Speaker - Knowledge Specific	$500.00
Travel 1,500 miles @ $.24	$360.00
Supplies and Materials 15 nurses @ $10.00 per nurse	$150.00
*Meals (unless provided) 12 sessions @ $12.00	$144.00
**T-Shirts with Logo 15 nurses @ $8.00 per nurse	$120.00
Administering, Scoring, and Interpreting Myers-Briggs	$25.00
Printing/Duplication	$25.00
Telephone	$10.00
	$6,334.00

*Some topics will be team presented thereby necessitating more than one consultant per session.

**Optional

SHIPPENSBURG UNIVERSITY SEMINARS FOR POLYCLINIC'S TRAINERS OF CRITICAL CARE NURSES

Session 1	INTRODUCTION CHARACTERISTICS OF ADULT LEARNERS ADMINISTRATION OF INVENTORIES
Session 2	RIGHT/LEFT BRAIN HEMISPHERE LEARNING
Session 3	ASSESSING STUDENTS' LEARNING STYLES
Session 4	PLANNING EFFECTIVE LESSONS
Session 5	TEACHING STRATEGIES
Session 6	TEACHING STRATEGIES
Session 7	QUESTIONING AND MOTIVATION
Session 8	INFORMATION PROCESSING/PROBLEM SOLVING
Session 9	TEST CONSTRUCTION AND REVISION PRINCIPLES
Session 10	COMMUNICATION SKILLS
Session 11	CONFLICT MANAGEMENT
Session 12	CLINICAL SUPERVISION

Dr. Audrey Gray Sprenger
Dr. Peggy E. Hockersmith
Dr. Sue Stickel
Dr. Randall Pellow

College of Education and Human Services

SHIPPENSBURG UNIVERSITY SEMINARS
FOR POLYCLINIC'S TRAINERS OF CRITICAL CARE NURSES

SESSION ONE:	Summary of Literature on Adult Learners Myers-Briggs Test Administration
SESSION TWO:	Knowing Yourself--Right or Left Presentation of Right/Left Brain Processing Research Right/Left Processing Implications for Learning Myers-Briggs--Implications for Learning
SESSION THREE:	Gregorc's Adult Guide to Style Hartman Color Personality Profile
SESSION FOUR:	4MAT Planning Components of Lesson Design Models of Instruction Task Analysis
SESSION FIVE:	Insights on Who You Are as Nurse Educators Some Thoughts on Forgetting Lecturing as a Teaching Method Mastery Learning Demonstrations
SESSIONS SIX:	Small Group Strategies Task-Oriented Group Work Role-Playing Case Studies Journal Writing
SESSION SEVEN:	Purposes of Questions/Bloom's Taxonomy Revisited Good Procedures in Questioning/Higher Order vs Lower Order Questions Classifying Questions/Convergent vs. Divergent Questions Constructing Questions Variables of Motivation Kinds of Extrinsic Motivation You Use

SESSION EIGHT:	Theories of Motivation Discovery vs. Guided Discovery/Information Processing Skills Leadership Styles Handling Problem Participants Who Owns the Problem Problem Solving Processes Personal Problem-Solving Styles
SESSION NINE:	Procedures and Thoughts on Test Construction Using Test Construction Principles Evaluating Tests Using Test Construction Principles Applying Test Construction Principles Test Revision Principles
SESSION TEN:	Leadership Style Questionnaire Talking in Type--The Myers-Briggs and Communication Style "I" Messages and Active Listening Roadblocks to Communication
SESSION ELEVEN:	Introduction to Satir Modes Recognizing and Responding to Satir Modes Managing Conflict
SESSION TWELVE:	Clinical Supervision

SHIPPENSBURG UNIVERSITY SEMINARS
FOR POLYCLINIC'S TRAINERS OF CRITICAL CARE NURSES

Evaluation

Please rate your awareness of each workshop topic, both before and after the workshops. O represents little or no awareness, 5 represents full awareness. If you did not attend the workshop session in which the topic was covered, you may circle DA for Didn't Attend.

1. Characteristics of Adult Learners DA

   Before 0 1 2 3 4 5 After 0 1 2 3 4 5

2. Right/Left Brain Processing Research

   Before 0 1 2 3 4 5 After 0 1 2 3 4 5

3. Myers-Briggs--How You Learn Best--Implications for Learning

   Before 0 1 2 3 4 5 After 0 1 2 3 4 5

4. The 4MAT System for Planning

   Before 0 1 2 3 4 5 After 0 1 2 3 4 5

5. Components of Lesson Design

   Before 0 1 2 3 4 5 After 0 1 2 3 4 5

6. Inquiry Lessons

   Before 0 1 2 3 4 5 After 0 1 2 3 4 5

7. The Hunter Model

   Before 0 1 2 3 4 5 After 0 1 2 3 4 5

8. Direct Instruction

   Before 0 1 2 3 4 5 After 0 1 2 3 4 5

9. Task Analysis

   Before 0 1 2 3 4 5 After 0 1 2 3 4 5

10. Research on Good Teaching

    Before 0 1 2 3 4 5 After 0 1 2 3 4 5

11. Learning Permit

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

12. Lectures that Work DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

13. Mastery Learning DA

Before 0 1 2 3 4 5 After

14. Group Presentations DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

15. Forgetting: The Unrelenting Foe of Learning DA

Before 0 1 2 3 4 After 0 1 2 3 4 5

16. PQ4R DA

Before 0 1 2 3 4 After 0 1 2 3 4 5

17. Group Work DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

18. Role Playing DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

19. Case Studies DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

20. Journal Writing DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

21. A Process Approach to Writing DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

22. Purposes of Questions/Bloom's Taxonomy DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

23. Good Procedures in Questioning/Higher Order vs Lower Order Questions DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

24. Classifying Questions/Convergent vs. Divergent DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

25. Constructing Test Questions DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

26. Motivation Variables DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

27. Theories of Motivation DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

28. Information Processing skills DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

29. Leadership Styles DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

30. Inductive vs Deductive Planning, Teaching, and Thought Process DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

31. Handling Problem Participants DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

32. Problem Solving Processes DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

33. Personal Problem Solving Styles DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

34. Dunn's Inventory DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

35. The Myers Briggs and Communication Style DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

36. Roadblocks to Communication DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

37. "I" Messages and Active Listening DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

38. Satir Modes DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

39. Managing Conflicts DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

40. Test Construction Principles DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

41. Test Revision Principles DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

42. Roles of the Nurse Supervisor DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

43. Clinical Supervision Interventions DA

Before 0 1 2 3 4 5 After 0 1 2 3 4 5

44. Which sessions/topics were of special interest/help to you?

45. Which sessions/topics could be deleted?

46. Please make any other comments which you feel would help us in planning for future workshops of this nature.

SHIPPENSBURG UNIVERSITY SEMINARS
FOR POLYCLINIC'S TRAINERS OF CRITICAL CARE NURSES

Spring 1991 Evaluations

TOPIC		MEAN GAIN	t-TEST VALUE	SIGNIFICANCE at .001	
Q1	Adult Learner	1.43	5.70	Yes	
Q2	Brain Research	2.57	12.73	Yes	
Q3	Myers-Briggs	3.00	9.05	Yes	
Q4	4MAT Planning	2.93	8.63	Yes	
Q5	Lesson Design	2.29	5.94	Yes	
Q6	Inquiry Lessons	2.36	7.43	Yes	
Q7	Hunter Model	3.18	10.75	Yes	
Q8	Direct Instruction	2.08	5.00	Yes	at .01
Q9	Task Analysis	2.25	6.05	Yes	
QIO	Good Teaching	2.50	7.97	Yes	
Q11	Learning Pyramid	2.17	8.01	Yes	
Q12	Lectures That Work	1.92	5.52	Yes	
Q13	Master Learning	2.62	11.36	Yes	
Q14	Group Presentations	1.92	5.70	Yes	
Q15	Forgetting	2.21	7.39	Yes	
Q16	PQ4R	3.00	9.17	Yes	
Q17	Group Work	1.67	4.47	Yes	at . 01
Q18	Role Playing	1.67	4.55	Yes	at . 01
Q19	Case Studies	1.67	4.31	Yes	at . 01
Q20	Journal Writing	2.08	5.96	Yes	
Q21	Process Writing	2.11	6.14	Yes	
Q22	Questions Taxonomy	2.08	8.02	Yes	

TOPIC		MEAN GAIN	t-TEST VALUE	SIGNIFICANCE at .001	
Q23	Procedures Questions	2.25	5.79	Yes	
Q24	Classify Questions	2.29	8.23	Yes	
Q25	Test Questions	1.75	7.29	Yes	
Q26	Motivation Variables	1.91	7.29	Yes	
Q27	Theories Motivation	2.00	5.57	Yes	
Q28	Information Process Skills	2.09	6.64	Yes	
Q29	Leadership Styles	1.82	4.30	Yes	at . 01
Q30	Induct/Deduct Plan	2.18	7.47	Yes	
Q31	Problem Participants	2.25	6.05	Yes	
Q32	Problem Solving Process	1.62	5.20	Yes	
Q33	Personal Problem Solving Styles	2.15	8.64	Yes	
Q34	Dunn's Inventory	2.69	8.77	Yes	
Q35	Communication Styles	2.54	9.82	Yes	
Q36	Roadblocks Commun	1.69	5.16	Yes	
Q37	I Messages/Active Listening	1.71	4.64	Yes	at . 01
Q38	Satir Modes	2.29	7.48	Yes	
Q39	Managing Conflicts	1.54	4.62	Yes	at . 01
Q40	Test Construction Prin	2.15	7.85	Yes	
Q41	Test Revision Prin	2.15	7.27	Yes	
Q42	Nurse Supervisor Roles	.72	3.07	No	(Yes . 02)
Q43	Clinical Supervision	1.11	2.82	No	(Yes . 02)

SHIPPENSBURG UNIVERSITY SEMINARS
FOR POLYCLINIC'S TRAINERS OF CRITICAL CARE NURSES
Spring 1991 Evaluations
Compilation of Open-Ended Questions 44-46

44. Which sessions/topics were of special interest/help to you?

-Very difficult to choose. All were valuable and helpful. I felt the entire course was well-planned and organized. Each session seemed to flow one to another. I am interested in pursuing some of the topics in more detail.

Testing

-All test/testing lectures - 5
-Test construction - 5
-Review of questions, how to write questions, etc.

Right/Left Brain Hemispheric Learning

-I was particularly interested in Right/Left Brain Hemisphere learning which provided valuable insight into my clinical role with patients, families and staff.
-R/L Brain Hemisphere Learning - 5

Inventories

-Myers-Briggs - 2
-The ongoing interweaving of the Myers Briggs Inventory to the different topics was also very beneficial for myself.
-Myers-Briggs. Actually taking it to learn more about myself and my relationships with others.
-The application of the Myers-Briggs, Left-Right Brain, Dunn to my personal style were the most helpful to me.
-Dunn's Inventory

Learner Characteristics

-Characteristics of Adult Learners - 2
-Assessing Student's Learning Styles
-Visual/Auditory/Kinesthetic learner
-Forgetting - The Unrelenting Foe of Learning

Teaching Techniques

-4-MAT
-Motivation - 2
-Lesson Design
-Lesson Planning
-Creative Teaching Techniques
-Creative Teaching Techniques was also very interesting. It gave me new ideas to use when I am "bored" with the "good old lecture."
-The Creative Teaching Techniques broadened my awareness and gave me tools to work with in redesigning classroom content. It also allowed me to practice and "pull together" techniques which I have known but never thought I would try to do.
-Role-playing, group discussions, case studies

Conflict Management-Communication

-Group Behavior
-Conflict Management - 3
-Broken Squares

45. Which sessions/topics could be deleted?

None

-All were interesting.
-Would not like to see any sessions deleted. All valuable.
-One session of questioning and problem-solving strategies only necessary
-I think all sessions were pertinent and should be kept.
-I think all sessions were excellent. I don't think I would change the content or format.
-None. All were of value.
-None - 5

One

-Satir modes
-Role playing
-Planning effective lessons

Comment

-Some methods such as problem-solving I have used in management and in education for years. Nursing graduate education utilizes the change theory and problem-solving methods in everything.
-Has "sparked" my interest in education related topics and courses for future learning/study.